



How a Diagnosis of Lung Cancer is Made: The Biopsy



TRANSCRIPT & FIGURES

When I meet with patients who have a new spot on their lung, I tell them I want to do three things and I do it in lay terms and then describe what that means in medical terms. So I ask the question, what is it – that's the diagnosis, where is it – that's the stage, and then what can we do about it – those are the treatment options.

As far as diagnosis is concerned, that means getting a tissue biopsy, and there are a number of ways that we can get tissue from patients' lungs. One is by numbing up the skin on the chest and doing a needle biopsy through the chest wall and into the spot itself. Another is by a procedure called bronchoscopy. That's where we take a look down into the lungs, the patient is given sedation medicine, and then we take a biopsy from the inside out. There are a number of other ways, including a surgical biopsy where a patient is asleep in the operating room, and the patient gets a small surgical biopsy of their lesion.

Now sometimes we direct our biopsy outside the chest so that we can make a diagnosis and a stage at the same time. For example, if a patient has a liver lesion on a CT scan, we may choose to numb the skin in the abdomen and do a needle biopsy that way, and that gives us both a diagnosis and a stage at the same time.

It's critically important to make sure that we get those three things right before we embark on treatment: what is it – diagnosis, where is it – stage, what can we do about it – treatment options.

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